

DENTAL ASSISTANT Job Shadow Verification

Dear Colleague:

Thank you for allowing this individual to observe in your dental practice for a job shadow. This experience is a highly suggested prerequisite to enter into the Dental Assistant Program at Western Wisconsin Technical College. This direct experience gives the individual a “feel” for the profession, assists with student success and provides a clinical connection to academic learning by relating to the observations to what is being described in the classroom setting. Please complete the following verification at the end of the job shadow experience. The individual observing will be responsible for submitting it to the college.

Student's Name: _____ ID Number _____

Observer's name: _____

This individual has spent _____ hours in a job shadow experience on (date) _____

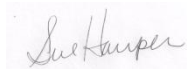
at (facility name) _____

The individual observed the following treatment techniques/procedures:

Signed: _____ Title: _____

Thank you for your support of the Dental Assistant Program at Western Wisconsin Technical College.

Sincerely,



Sue Harper, MS, CDA, ME-PD
Program Head – DA Program

Please return to:

Enrollment Services R-160
Western Wisconsin Technical College
400 N 7th Street.
P.O. Box C-0908
La Crosse, WI 54602-0908